

For official use only:

Customer Name

Customer No.

PD F 1455 E
Department of the Treasury
Bureau of the Public Debt
(Revised January 2005)

**REQUEST BY FIDUCIARY FOR REISSUE OR
DISTRIBUTION OF UNITED STATES SAVINGS BONDS**

OMB No. 1535-0012

Visit us on the Web at www.treasurydirect.gov

IMPORTANT: Follow instructions in filling out this form. You should be aware that the making of any false, fictitious, or fraudulent claim or statement to the United States is a crime that is punishable by fine and/or imprisonment.

PRINT IN INK OR TYPE ALL INFORMATION

PART A - REASON FOR REISSUE OR DISTRIBUTION

I certify that the person in whose name reissue or distribution is requested (in his/her own right or in a fiduciary capacity) is lawfully entitled thereto by reason of _____ and
(See Part A in the instructions.)
has agreed to such reissue or distribution.

PART B - DESCRIPTION OF BONDS

The following-described United States Savings Bonds totaling \$ _____ (face amount), are submitted for reissue or distribution:

ISSUE DATE	FACE AMOUNT	BOND NUMBER	INSCRIPTION (Social security number, names, including middle names or initials, and addresses on the bonds)

(If you need more space, use the continuation sheet on page 3.)

PART C - REQUESTED DISPOSITION

I request that the above-described bonds, to the extent of \$ _____ (face amount), be registered as follows:

TAXPAYER IDENTIFICATION NUMBER: _____ **OR** _____
(Social Security Number) (Employer Identification Number)

REGISTRATION: _____

BONDS TO BE DELIVERED "IN CARE OF": (DO NOT SHOW A NAME HERE UNLESS IT IS DIFFERENT THAN THAT SHOWN ABOVE.)

MAIL TO: _____
(Name)

ADDRESS WHERE BONDS ARE TO BE DELIVERED:

(Number and Street, Rural Route, or PO Box)

(City) (State) (ZIP Code)

PART D - SIGNATURES AND CERTIFICATIONS

The undersigned certify under penalty of perjury that the information provided herein is true and correct to the best of our knowledge and belief and agree to reissue or distribution of the securities as indicated in Part C. We bind ourselves, our heirs, legatees, successors and assigns, jointly and severally, to hold the United States harmless on account of the transaction requested, to indemnify unconditionally and promptly repay the United States in the event of any loss which results from this request, including interest, administrative costs, and penalties. We consent to the release of any information regarding this transaction, including information contained in this application, to any party having an ownership or entitlement interest in the securities or payments.

You must wait until you are in the presence of a certifying officer to sign this form.

Sign Here: ⇒ _____
(Applicant's Signature)

(Applicant's Title)

(Number and Street, Rural Route, or PO Box) (City) (State) (ZIP Code)

(Daytime Telephone Number) (E-Mail Address)

Sign Here: ⇒ _____
(Applicant's Signature)

(Applicant's Title)

(Number and Street, Rural Route, or PO Box) (City) (State) (ZIP Code)

(Daytime Telephone Number) (E-Mail Address)

Certifying Officer - The individuals must sign in your presence. You must complete the certification and affix your stamp or seal.

I CERTIFY that _____, whose identity is known or was
proven to me, personally appeared before me this _____ day of _____,
(Month) (Year),
at _____, and signed this form.
(City) (State)

**(OFFICIAL STAMP
OR SEAL)**

(Signature and title of certifying officer)

(Number and Street or Rural Route)

(City) (State) (ZIP Code)

I CERTIFY that _____, whose identity is known or was
proven to me, personally appeared before me this _____ day of _____,
(Month) (Year),
at _____, and signed this form.
(City) (State)

**(OFFICIAL STAMP
OR SEAL)**

(Signature and title of certifying officer)

(Number and Street or Rural Route)

(City) (State) (ZIP Code)

Continuation of description of bonds in Part B:

ISSUE DATE	FACE AMOUNT	BOND NUMBER	INSCRIPTION (Social security number, names, including middle names or initials, and addresses on the bonds)

(If you need more space, use a continuation sheet and attach it to the form.)

PRIVACY ACT AND PAPERWORK REDUCTION ACT NOTICE

We're asking for the information on this form to assist us in processing your securities transaction requests. Our authority comes from 31 U.S.C. Ch. 31 which authorizes the Treasury Department to borrow money to pay the public debt of the United States. Also, 26 U.S.C. 6109 requires us to use your SSN on certain forms when we report taxable income to IRS. It's voluntary that you provide the requested information, but without it, we may not be able to process your transaction requests. Information concerning your securities holdings and transactions is considered confidential under Treasury regulations (31 CFR Part 323) and the Privacy Act. However, the following routine uses of this information may include disclosure to the following persons or entities: agents and contractors who help us manage the public debt; others entitled to the securities or payment; agencies (including disclosure through approved computer matches) determining eligibility for benefits, finding persons we've lost contact with, or helping us collect debts; agencies for investigations or prosecutions; courts, counsel, and others for litigation and other proceedings; a Congressional office asking on your behalf; and as otherwise authorized by law.

We estimate it will take you about 30 minutes to complete this form. However, you are not required to provide information requested unless a valid OMB control number is displayed on the form. Any comments or suggestions regarding this form should be sent to the Bureau of the Public Debt, Forms Management Officer, Parkersburg, WV 26106-1328. **DO NOT SEND completed form to the above address; send to the correct address shown in "WHERE TO SEND" in the instructions.**

INSTRUCTIONS

USE OF FORM – One or more fiduciaries, individual or corporate, must use this form to request reissue or distribution of United States Savings Bonds (other than electronic issues of Series E/EE or Series I bonds held in a TreasuryDirect account), under the following circumstances:

- To show the name of the person lawfully entitled to the bonds by reason of termination of trust, distribution of an estate, attainment of majority, or restoration to competency.
- To substitute the name of the fiduciary who has succeeded the fiduciary named in the registration of the bonds.
- To show the name of the executor or administrator of a deceased owner's estate.
- To show the name of the guardian, conservator, or similar representative of the estate of a minor or incompetent owner.

ATTACHMENTS – *If more space is needed for any item, use a plain sheet of paper and attach to the form.*

PART A – REASON FOR REISSUE OR DISTRIBUTION

Show the reason for the reissue or distribution, such as "termination of trust," "distribution of estate," "attainment of majority," "restoration to competency," "successorship," etc.

Submit a copy of whatever evidence you have which establishes your authority to request this transaction. For example, if you are the administrator or executor of an estate and the bonds are not currently registered to show your fiduciary capacity, provide a certified copy of your letters of appointment, dated within one year of submission. If you have succeeded another fiduciary named in the registration, provide proof of your succession to the position, such as a certified copy of your letters of appointment or, in the case of a trustee, a copy of the trust instrument and proof of the death or resignation of the original trustee. If you want the evidence submitted with this form returned to you, please provide a written request when you submit the form or evidence.

PART B – DESCRIPTION OF BONDS

Fill in the total face amount of the bonds for which reissue or distribution is being requested and fully describe the bonds. If there isn't sufficient room on page 1, continue the description on page 3.

PART C – REQUESTED DISPOSITION

Show the desired registration:

- ✓ **Show the extent to which reissue is requested for the bonds described in Part B.** If desired, a single bond may be divided in authorized denominations between two or more distributees. If an entitled person's share is less than an authorized denomination, payment must be made. A separate form must be used for each form of registration requested. In those cases where a single bond is divided between two or more distributees, the bond must be described on each form and the extent to which it is being distributed must be shown.
- ✓ **Provide the appropriate taxpayer identification number.**
- ✓ **Show the full name of the person entitled.** Note the following:
 - Fiduciaries (other than trustees of employees' savings plans) may not request reissue in coownership or beneficiary form. If a distributee wants to add a coowner or beneficiary, he/she must execute a separate request for reissue on either a PD F 4000 (for all but Series I bonds) or a PD F 5387 (for Series I bonds).
 - If the trustee of an employees' savings plan requests reissue in coownership or beneficiary form, show the proper connective ("OR" for coowner and "POD" for beneficiary).
 - If reissue to show successorship is requested, unless otherwise specifically instructed, show the present inscription substituting the name of the succeeding fiduciary for that of the fiduciary who is no longer acting.
- ✓ **Provide the name of the person, if any, to whom the bonds are to be mailed "in care of."** Do not complete this item unless the bonds are to be delivered to someone other than the person shown in the new registration.
- ✓ **Insert the delivery address.** Please note that this address will be shown on the new bonds.

PART D – SIGNATURES AND CERTIFICATIONS

SIGNATURES – Sign the form in your fiduciary capacity. If the request is on behalf of a corporate fiduciary, the name of the corporation must be given, followed by the signature and title of an authorized officer. If there are two or more fiduciaries, all must join in the request unless by express statute, decree of court, or the terms of the instrument under which the fiduciaries are acting, one or more of them may properly execute the request.

CERTIFICATION – Each person whose signature is required must appear before and establish identification to the satisfaction of an authorized certifying officer. The signatures to the form must be signed in the officer's presence. The certifying officer must affix the seal or stamp which is used when certifying requests for payment. Authorized certifying officers are available at most banking institutions, including credit unions. For a complete list of such officers, see Department of the Treasury Circulars, No. 530, current revision, or Public Debt Series Nos. 3-80 and 2-98.

ADDITIONAL REQUIREMENTS – If the entitled person wants payment rather than reissue, he/she must execute the request for payment on the back of each of the bonds or on a PD F 1522. The signature must be signed in the presence of an authorized certifying officer. Payment must be requested if a bond has reached final maturity.

WHERE TO SEND – ***Unless otherwise instructed,*** send the completed form, the bonds, and any other appropriate forms and evidence to the Bureau of the Public Debt, PO Box 1328, Parkersburg, WV 26106-1328.